



Wisconsin Department of Justice

Change of Address Notification / Replacement License Request

Change of Address: You must notify the Department of Justice (DOJ) of any address change no later than 30 days after the change. Failure to do so may result in a forfeiture of \$50, s. 175.60 (17)(ac), Wis. Stats. There is no cost to an address change unless you request to have a new license issued by checking the replacement license box below.

Prior to submitting this form, notify the Department of Transportation of the change to ensure the address on your photo identification will match the address on your concealed carry license. DOT changes can be made at: <http://www.dot.wisconsin.gov/drivers/drivers/address-change.htm>.

Lost or Destroyed License: If a license is lost or destroyed, the licensee may request a replacement by making a request and submitting a \$12 fee, along with any remaining portions of the license to the DOJ.

Instructions

- Complete the licensee information below as it appears on your license.
- Enter your old and new address information below for change of address notifications.
- Mail completed form to: Wisconsin Department of Justice
Attn: Firearms Unit P.O. Box 7130 Madison, WI 53707-7130

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Check here if requesting a replacement license

- You must include a check in the amount of \$12 made payable to the Wisconsin Department of Justice for a replacement license pursuant to Jus 17.12(3).
- A new license will be mailed to you. If you did not return your previously issued license with this form you will be requested to return it once you receive your replacement license.

Application Number (DOJ Use Only)

(DOJ Use Only)

License Number (DOJ Use Only)

Date Updated (DOJ Use Only)

Operator (DOJ Use Only)

LICENSEE INFORMATION

***** Enter as it appears on your concealed carry license *****

Concealed Carry License Number:

Last Name:

First Name:

Middle Name or Initial:

Date of Birth:

CHANGE OF ADDRESS NOTIFICATION

Previous address as it appears on your license:

City:

State:

Zip Code:

New address: (P.O. Boxes alone are not acceptable)

City:

State:

Zip Code: